



WFLX

## ORDER

Print Date 08/03/12 Page 1 of 1

Flight Dates 08/06/12-08/13/12

Contract / Revision 804682 /

Original Date / Revision  
08/03/12 08/03/12

Advertiser American Sunrise

Agency Visuality

Buying Contact

5980 Executive Drive  
Suite A  
Madison, WI 53719

Product

AMERICAN SUNRISE

Agency Com 15%

Billing Contact

5980 Executive Drive  
Suite A  
Madison, WI 53719

Sales Office H-DC

Sales Region National

Agency Ref

Order Sep 00:15:00

Estimate #

Alt Order # 06262022

Billing Type Cash

Order Type Political

Billing Cycle EOM/EOC

Billing Calendar BROADCAST

Demographic A35+

Rev Codes Agency Political Pol-Issue

Product Codes PL20

Priority P 2

Advertiser Ref

Primary Account Executive  
Will Hilderbrandt

Account Executive	Order%	Start Date	End Date
Will Hilderbrandt	100%		

Order Share % Market Value

Competing Station	% of Order	Amount
DFLX	%	
WFGC	%	
WPBF	%	
WPEC	%	
WPPB	%	
WPTV	%	
WPXP	%	
WTCE	%	
WTCN	%	
WTVX	%	
WXEL	%	

## Order Totals

## Billing Plan

Month	# of Spots	Net Amount	Gross Amount	Rating	Start Date	End Date	# Spots	Net Amount	Gross Amount
August 2012	8	\$3,978.00	\$4,680.00	0.00	07/30/12	08/13/12	8	\$3,978.00	\$4,680.00
Totals	8	\$3,978.00	\$4,680.00	0.00					

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Totals Spots Amount	
E 1	WFLX	08/06/12	08/12/12	Late News M-Sun TEN O'CLOCK NEWS	Comm	10-11P	MTWTFSS	:30	7	\$585.00	P 2	0.00	NM	7	\$4,095.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>					<u>Spots/Week</u>	<u>Rate</u>		<u>Rating</u>			
		Week: 08/06/12	08/12/12	MTWTFSS					7	\$585.00		0.00			
E 2	WFLX	08/13/12	08/13/12	Late News M-Sun TEN O'CLOCK NEWS	Comm	10-11P	1-----	:30	1	\$585.00	P 2	0.00	NM	1	\$585.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>					<u>Spots/Week</u>	<u>Rate</u>		<u>Rating</u>			
		Week: 08/13/12	08/19/12	1-----					1	\$585.00		0.00			
Totals														8	\$4,680.00

## AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

<b>Station and Location:</b> <span style="font-size: 1.2em; color: blue;">WFLX, West Palm Bch</span>	<b>Date:</b> <span style="font-size: 1.2em; color: blue;">8/2/12</span>
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I, Taryn Conaway  
do hereby request station time concerning the following issue:

Medicare, Women's Health, Taxes

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
		<span style="font-size: 1.5em; color: blue;">see schedule</span> <span style="font-size: 1.5em; color: blue;">WFLX # 804682</span>			

**Total Charges:** 4680 - gross

This broadcast time will be used by: American Sunrise

**Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"**

☒ **Yes**
☐ **No**

For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

Allen West FL-18 <span style="float: right; margin-right: 50px;">8/14/12</span>
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For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 3)

I represent that the payment for the above described broadcast time has been furnished by:

American Sunrise
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and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

☐ a corporation; 
 ☒ a committee; 
 ☐ an association; 
 ☐ or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

Lora Haggard, Assistant Treasurer

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.**

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least \_\_\_\_\_ before the time of the scheduled broadcasts.

**TO BE SIGNED BY ISSUE ADVERTISER**

8/2/12 _____ Date	 _____ Signature	608-271-3305 _____ Contact Phone Number
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**TO BE SIGNED BY STATION REPRESENTATIVE**

☒ Accepted
 ☐ Accepted in Part
☐ Rejected

 _____ Signature	John Haslam _____ Printed Name	GM _____ Title
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**PAID POLITICAL  
BROADCAST AVAIL REQUEST**

<b>TO:</b>	John Heislman	<b>STATION:</b>	WFLX
<b>FROM:</b>	Will Hildebrandt	<b>HRP OFFICE:</b>	Washington

**REQUEST RECEIVED FROM**

**DATE** 8/2/12

<b>BUYER:</b>	Taryn Conaway
<b>AGENCY:</b>	Visuality
<b>ADDRESS:</b>	5980 Executive Dr. Suite A Madison, WI 53719
<b>PHONE #:</b>	608 271 3305 x234
<b>FAX #:</b>	
<b>OTHER:</b>	

**AVAILS FOR                      ISSUE**

<b>COMMITTEE:</b>	American Sunrise
<b>CHAIRPERSON:</b>	
<b>TREASURER:</b>	Lora Haggard
<b>ADDRESS:</b>	424 E. Central Blvd #321 Orlando, FL 32801
<b>PHONE #:</b>	
<b>FAX #:</b>	
<b>OTHER:</b>	<a href="mailto:americansunrisepac@gmail.com">americansunrisepac@gmail.com</a>

**FOR**

<b>CANDIDATE:</b>	ISSUE
<b>OFFICE:</b>	
<b>PARTY:</b>	Democrat

<b>DAYPARTS:</b>	All
<b>SCHEDULE DATES:</b>	As ordered
<b>COMMERICAL LENGTH:</b>	:30s
<b>PROGRAMS:</b>	All
<b>PLEASE ADVISE IF THERE ARE RESTRICTIONS ON ANY OF THE ABOVE</b>	

HRP FORM #0141